PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/553,517			ling Date 14/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	LD NO.	N/A		N/A	TLL (v)	1	N/A	TEE (0)
┝	(37 CFR 1.16(a), (b), o	or (c))					H		ł	H	
Ļ	(37 CFR 1.16(k), (i), of EXAMINATION FE		N/A	$-\!$	N/A		N/A		Į	N/A	
TO	(37 CFR 1.16(o), (p), o	or (q))	N/A		N/A		N/A		Į.	N/A	
(37	CFR 1.16(i)) DEPENDENT CLAIM		minus 20 = *				x \$ =		OR	x \$ =	
	CFR 1.16(h))		m		IJ	x \$ =		]	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	DENT CLAIM PR	ESENT (3	7 CFR 1.16(j))					J		
* If	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL		J	TOTAL			
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
Н		CLAIMS				1					
AMENDMENT	12/09/2008	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.16(i))	• 4	Minus	<b></b> 37	= 0	]	x \$ =		OR	X \$52=	0
滿	Independent (37 CFR 1.16(h))	• 3	Minus	**12	= 0	]	x \$ =		OR	X \$220=	0
Ā	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ᇳ	Total (37 CFR 1,16())		Minus	**	=	1	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	]	X \$ =		OR	x s =	
띪	Application Size Fee (37 CFR 1.16(s))					]			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Γ							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "20".  "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3".  "If the "Highest Number Prevousy Paid For M THIS SPACE is less than 3, enter "3".  KATRINA HARLING!  "If the entry in column 1.											

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